



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Persons with Disabilities
752 East Main Street, Bridgeport, CT 06608
203-576-8301
203-332-5643
bridgeportct.gov/personswithdisabilities

Ebony Jackson-Shaheed, MPH
Director of Health
& Social Services

Tammy Papa
Acting Deputy Director
of Health Operations

Sha'Kenya Whittaker
ADA Clerical Assistant

HANDICAP PARKING SIGN-INSTALLATION REQUEST

Follow the procedures below to request the installation of a Handicap Parking Sign

1. Submit a handicap sign installation request form (attached) to:

Sha'Kenya Whittaker, ADA Clerical Assistant
752 East Main Street
Bridgeport, CT 06608
203-576-8301
2. Please submit a current driver's license and a handicap placard for the vehicle being used.
3. Your application will be forward to the Bridgeport Police Department who in turn will notify the city's Traffic Engineer Department. They will conduct an on-site visit to determine if it is appropriate and location.
4. The Traffic Engineer Department will make a recommendation to the Bridgeport Police Commissioner.
5. Once the Police Commissioners make a decision you will be sent a letter informing you, whether your request has been approved or denied

Please note: City Ordinance 10.30.10, anyone with a valid handicap parking permit can utilize the space that you have requested. The space cannot be reserved for any specific individual.

(The process can take 3-5 months)



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Persons with Disabilities
752 East Main Street, Bridgeport, CT 06608
203-576-8301
203-332-5643
bridgeportct.gov/personswithdisabilities

Ebony Jackson-Shaheed, MPH
Director of Health
& Social Services
Tammy Papa
Acting Deputy Director
of Health Operations
Sha'Kenya Whittaker
ADA Clerical Assistant

HANDICAP PARKING SIGN INSTALLATION REQUEST

Applicant's Name: _____

Address: _____

Telephone: _____

Desired location of the Handicap Sign: _____

Valid Permit Number#: _____

Expiration Date: _____

Please Circle your answer to the following questions:

- | | | | |
|----|---|--------------------|-----------------------|
| 1. | Do you reside in a: | Single Family Home | Multi-Family Home |
| 2. | Parking: | Parking Lot | Street Parking Spaces |
| 3. | If so are you allowed to use the park space? | Yes | No |
| 4. | Is there a driveway on the property? | Yes | No |
| 5. | If you have a driveway on the property, do you have any restrictions preventing you from parking in the driveway? | Yes | No |

If yes explain: _____

- | | | | |
|----|---|-----|----|
| 6. | Do you experience any difficulty with on- street parking? | Yes | No |
|----|---|-----|----|

If yes explain: _____

I, the applicant attest that all of the above information is true and accurate:

Applicant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____